



Application No.	
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**Committee of Adjustment**  
The Municipality of Oliver Paipoonge  
P.O. Box 10, 4569 Oliver Road  
Murilo, ON P0T 2G0

# Application for Minor Variance or for Permission

The undersigned hereby applies to the Committee of Adjustment for The Municipality of Oliver Paipoonge under Section 45 of the *Planning Act* for relief, as described in this application, by By-Law No. 185-01 (as amended).

## Owner Information

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Prov.* *Postal Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

## Agent Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Prov.* *Postal Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**Note:** Unless otherwise requested, all communications will be sent to the agent, if any.

## Other Mortgagees, Holders of Charges or Other Encumbrancers (if applicable)

1 Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Prov.* *Postal Code*

2 Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Prov.* *Postal Code*

3 Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Prov.* *Postal Code*

**Minor Variance/Permission Details**

1. Nature and extent of relief applied for:

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2. Why is it not possible to comply with the provisions of the by-law?

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3. Legal description of subject land (registered plan number and lot number or other legal description **and**, where applicable, street and street number):

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4. Dimensions of land affected:

Frontage: \_\_\_\_\_

Depth: \_\_\_\_\_

Area: \_\_\_\_\_

Width of street: \_\_\_\_\_

5. Particulars of all buildings and structures on or proposed for the subject land. Specify ground floor area, gross floor area, number of storeys, width, length, height, etc.:

Existing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Location of all buildings and structures on or proposed for the subject land. Specify distance from side, rear and front lot lines:

Existing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Date of acquisition of subject land:

\_\_\_\_\_

8. Date of construction of all buildings and structures on subject land:

\_\_\_\_\_

9. Existing uses of the subject property:

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10. Existing uses of abutting properties:

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11. Length of time the existing uses of the subject property have continued:

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12. Municipal services available (check appropriate space or spaces):

Water: \_\_\_\_\_ Connected: \_\_\_\_\_

Sanitary Sewers: \_\_\_\_\_ Connected: \_\_\_\_\_

Storm Sewers: \_\_\_\_\_

13. Present Official Plan provisions applying to the land:

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14. Present Zoning By-Law provisions applying to the land:

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15. Has the Owner previously applied for relief in respect of the subject property?

Yes  No

If the answer is yes, describe briefly:

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16. Is this subject property the subject of a current application for consent under Section 53 of the *Planning Act*?

Yes  No

\_\_\_\_\_  
Signature of applicant or authorized agent

Dated at the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notes:**

1. It is required that one (1) copy of this application be filed with the Secretary-Treasurer of the Committee of Adjustment, together with the plan referred to in Note 2, accompanied by a fee of \$500.00 in cash made payable to the Treasurer of the Municipality of Oliver Paipoonge.
2. Copy of this application must be accompanied by a plan showing the dimensions of the subject land and of all abutting land and showing the location, size and type of all buildings and structures on the subject and abutting land. The Committee of Adjustment may require that the plan be signed by an Ontario Land Surveyor.

# DECLARATION of Applicant or Authorized Agent

I, \_\_\_\_\_ of the \_\_\_\_\_ of  
\_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_

solemnly declare that:

All the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

DECLARED before me at the \_\_\_\_\_  
of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant or authorized agent

\_\_\_\_\_  
Signature of Commissioner, etc.

**For Office Use Only**

**CERTIFICATION**

I, \_\_\_\_\_  
for the \_\_\_\_\_ of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_

certify that the above application is a true copy.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature